

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emily Catherine Anderson</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>Feb.</i>		Day <i>20th</i>		Years <i>61</i>	
Date of death <i>1909</i>		Month <i>Feb.</i>		Day <i>20th</i>		Years <i>61</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wetipquin, Md.</i>		Months <i>10</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death		Days <i>21</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry Wesley Anderson</i>		Father's Name <i>William Harris</i>		Father's Birthplace <i>Somerset Co., Md.</i>	
Mother's Maiden Name <i>Mary Turner</i>		Mother's Birthplace <i>Wicomico Co., Md.</i>		Name of person giving Information <i>Margaret Anderson</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Valvular Heart Disease</i>	How long <i>Don't know</i>
Immediate <i>Edema of lungs, Heart failure</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis Williams M.D.</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide <i>8</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb	4	44			
Sex		Color or Race		Birth-place			
Female		White		Pennsylvania			
Occupation				Where Residing if not at place of death			
House wife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Andrew B Armstrong					
Father's Name				Father's Birthplace			
John Chambers				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Rachel Mahan				" "			
Name of person giving Information				How related to deceased			
Andrew B Armstrong				Husband.			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of lungs.		How long	2 years.
Immediate	Cardiac weakness and infarct		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes.		Dr. W. Garrison	Sharplown	
Accident or Suicide			Md.	

June 10 1896



Name
in
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Ethel Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wilmington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>9</u> <small>Month</small>		<u>20</u> <small>Day</small>	Age <u>15</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>17</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>MD</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>207 Pollard Alley</u>				
Married Single		Name of Wife or Husband			
Father's Name <u>Thomas Chambers</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Emma Dennis</u>		Mother's Birthplace <u>MD</u>			
Name of person giving Information <u>Emma Dennis</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis
Immediate Exhaustion

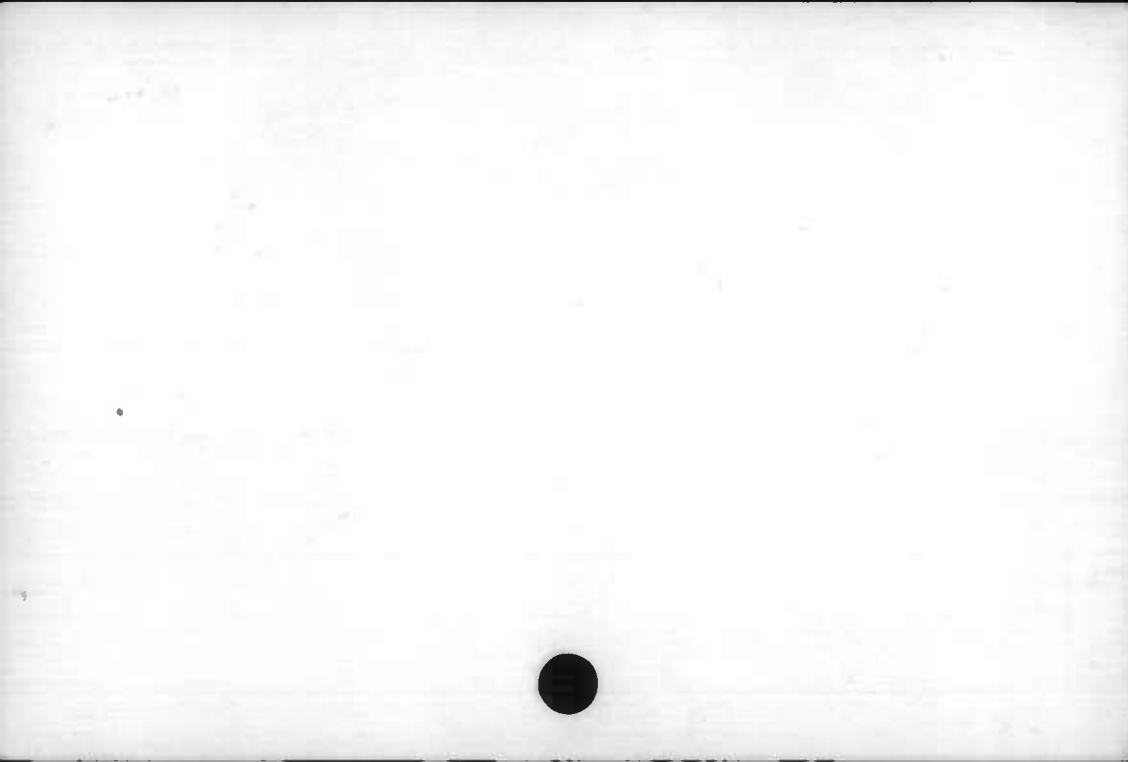
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. R. R. Smith
Salisbury MD

Accident or Suicide



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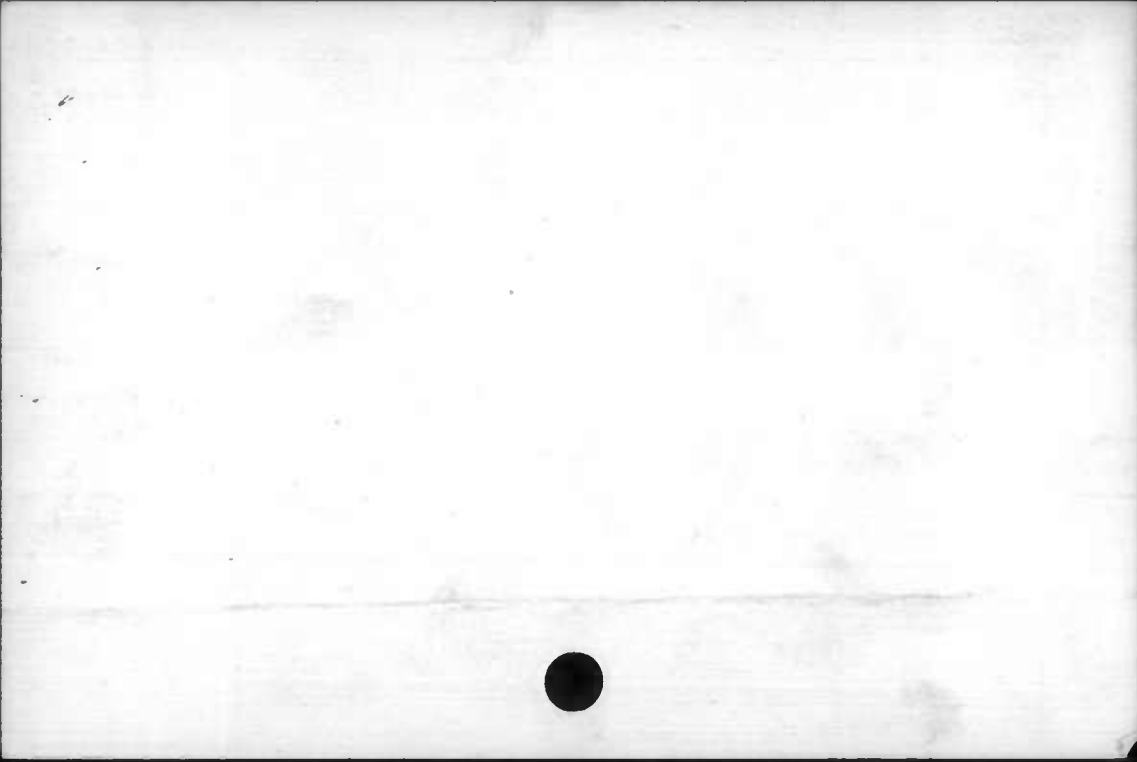
Rhoda Emnis		Town		County		MARYLAND	
Died at Year		Month		Day		Years	
Date of death 1909		Feb		28		Age 23	
Sex Female		Color or Race		bold		Birth-place	
Occupation		Housewife		Where Residing if not at place of death		Thomies Co	
Married, Single or Widowed		Married		Name of Wife or Husband		Ernest Emnis	
Father's Name		John White		Father's Birthplace		Tyaskin	
Mother's Maiden Name		Susan Cook		Mother's Birthplace		" "	
Name of person giving Information		Chas A. Brown		How related to deceased		Not at all.	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	2 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. L. Addison
		Address	Marshall
Accident or Suicide			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Deceased's name (Gray)

Died at ^{Town} Salisbury^{County} Wicomico

MARYLAND

Date of death 1909 ^{Month} Feb ^{Day} 27^{Years} Age 2 ^{Months}

Sex male

Color or Race Black

Birth-place Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Sidney Wright

Father's Birthplace Md

Mother's Maiden Name Nellie Gray

Mother's Birthplace Md

Name of person giving Information Major Gray

How related to deceased Grand father

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Bronchitis

How long 1 week.

Immediate Capillary Bronchitis

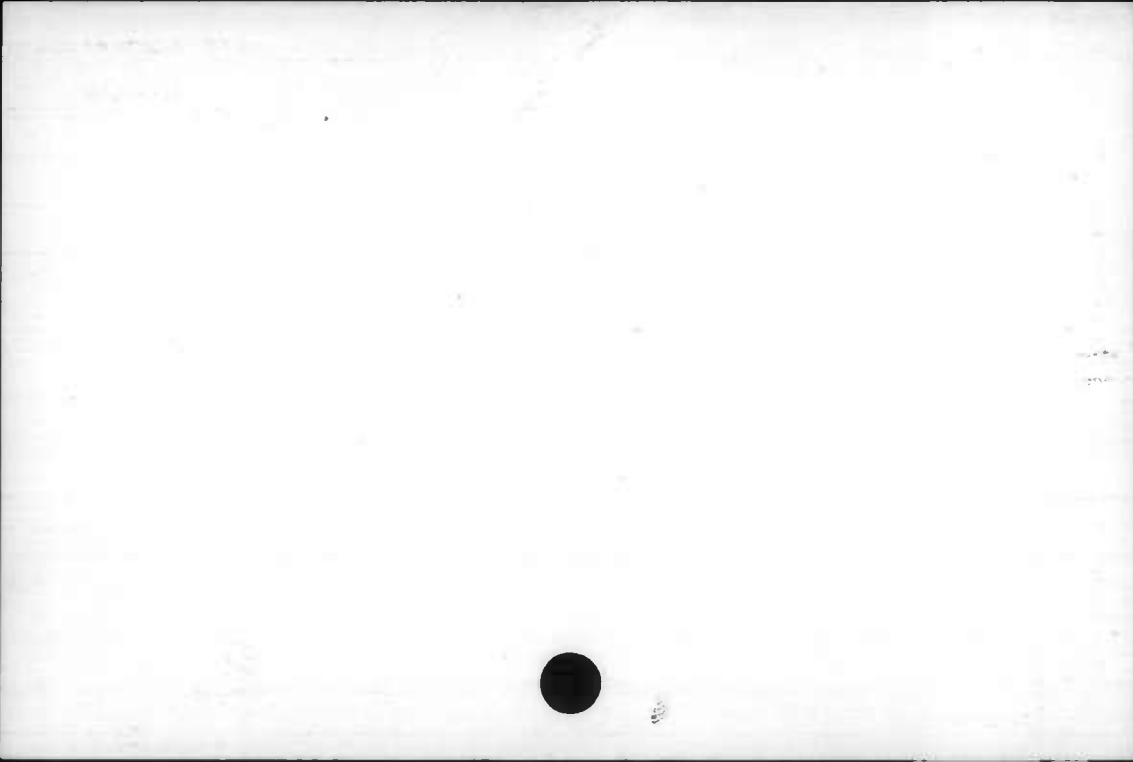
How long 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



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NEAREST FRIEND

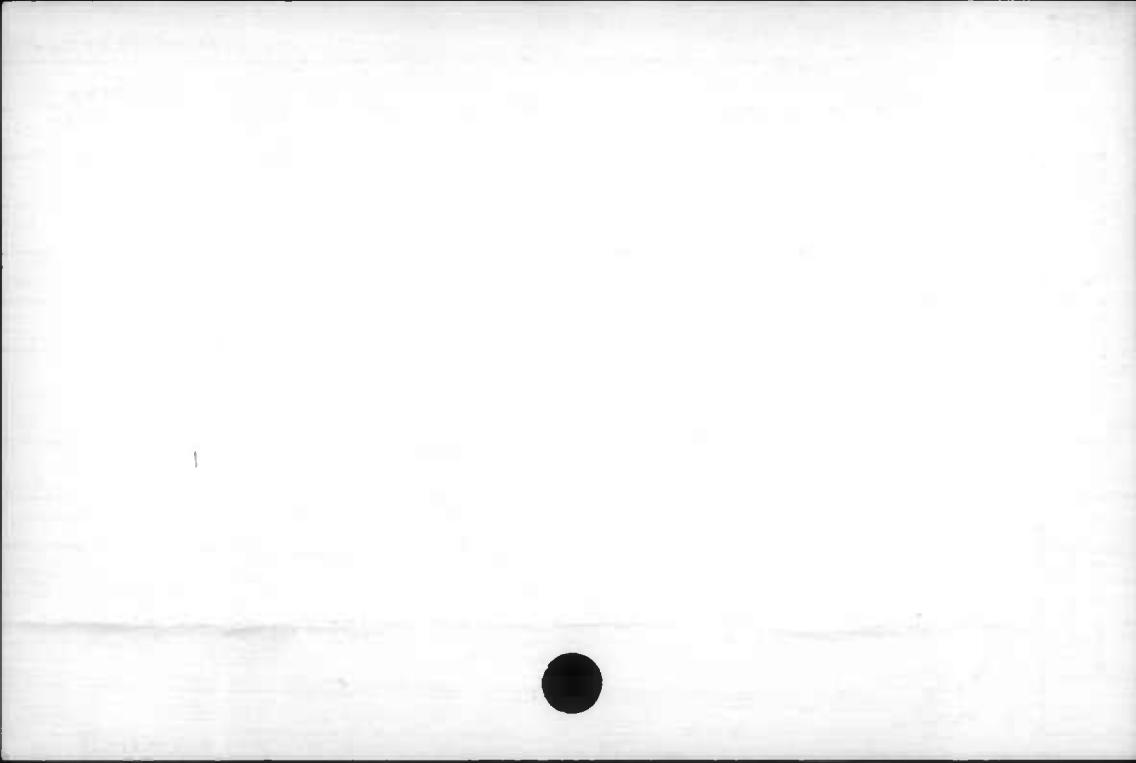
Name in Full <i>Wlyses, Stalan Hasting</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Delmar</i>		Month <i>2</i>		Day <i>25</i>		Years <i>11</i>	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>25</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Rece <i>White</i>		Birth- place <i>Delmar</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Marr ied, Single or Widowed		Name of Wife or Husband <i>Lillie H Hasting</i>					
Fether's Name <i>Ariel H Hasting</i>		Fether's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Lillie H Parsons</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Ariel H Hasting</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Ellgaard</i>
<i>J</i>	Address <i>Delmar Del</i>
Accident or Suicide	



Name
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Sallie C Wayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Powellville ^{County} Wisconsin **MARYLAND**

Date of death 190 ^{Month} 9 ^{Day} 2 Age ^{Years} 48 ^{Months} 8 ^{Days} 20

Sex ^{Female} Color or Race ^{White} Birth-place ^{Md}

Occupation ^{Domestic} Where Residing if not at place of death

Married, Single or Widowed ^{Single} Name of Wife or Husband ^{John W Wayman}

Father's Name ^{John McKis} Father's Birthplace ^{Md}

Mother's Maiden Name ^{Margaret A Galt's} Mother's Birthplace ^{Md}

Name of person giving Information ^{John W Wayman} How related to deceased ^{Husband}

CAUSES OF DEATH

27

Primary ^{Consumption} How long ^{6 months}

Immediate

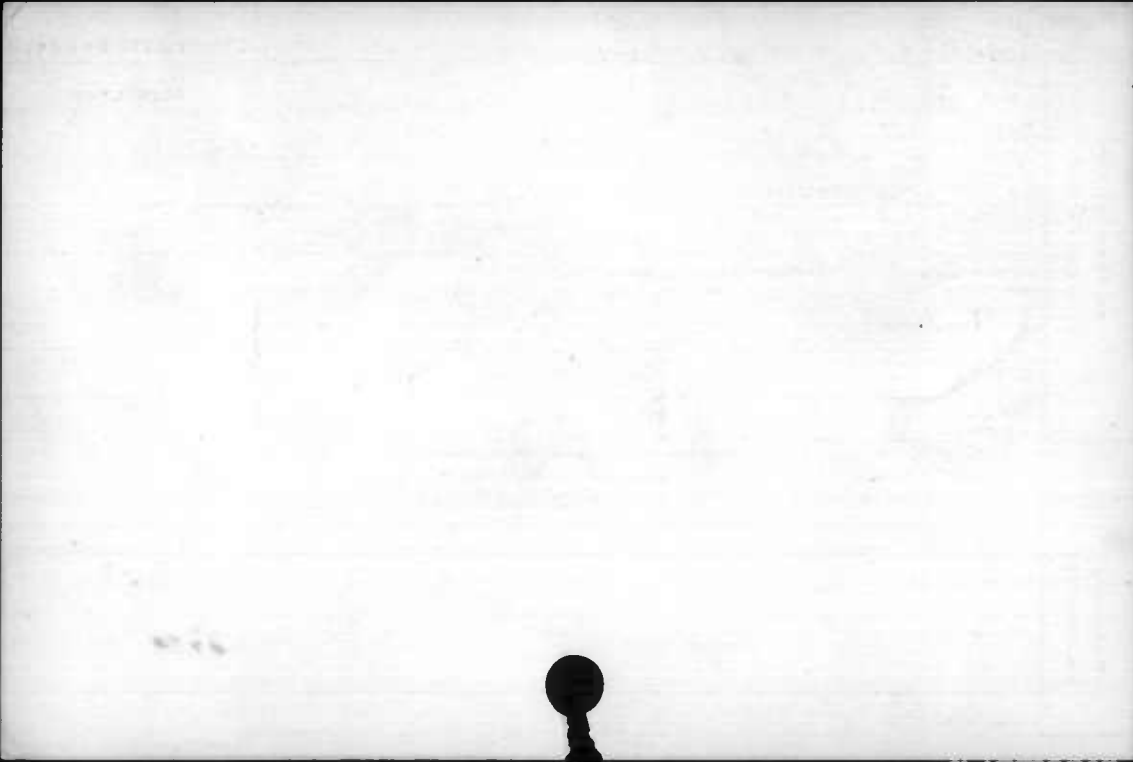
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Hearn
 near Salisbury Town, County, Maryland
 Died at Salisbury Thomas
 Date of death 1909 Feb 21 Age 38 last birthday
 Sex male Color or Race white Birth-place
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Name of Wife or Huaband Mary E. Hearn
 Father's Name James Hearn Father's Birthplace dont know
 Mother's Maiden Name Mahala White Mother's Birthplace Dont know
 Name of person giving Information wife How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 2 yrs
 Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

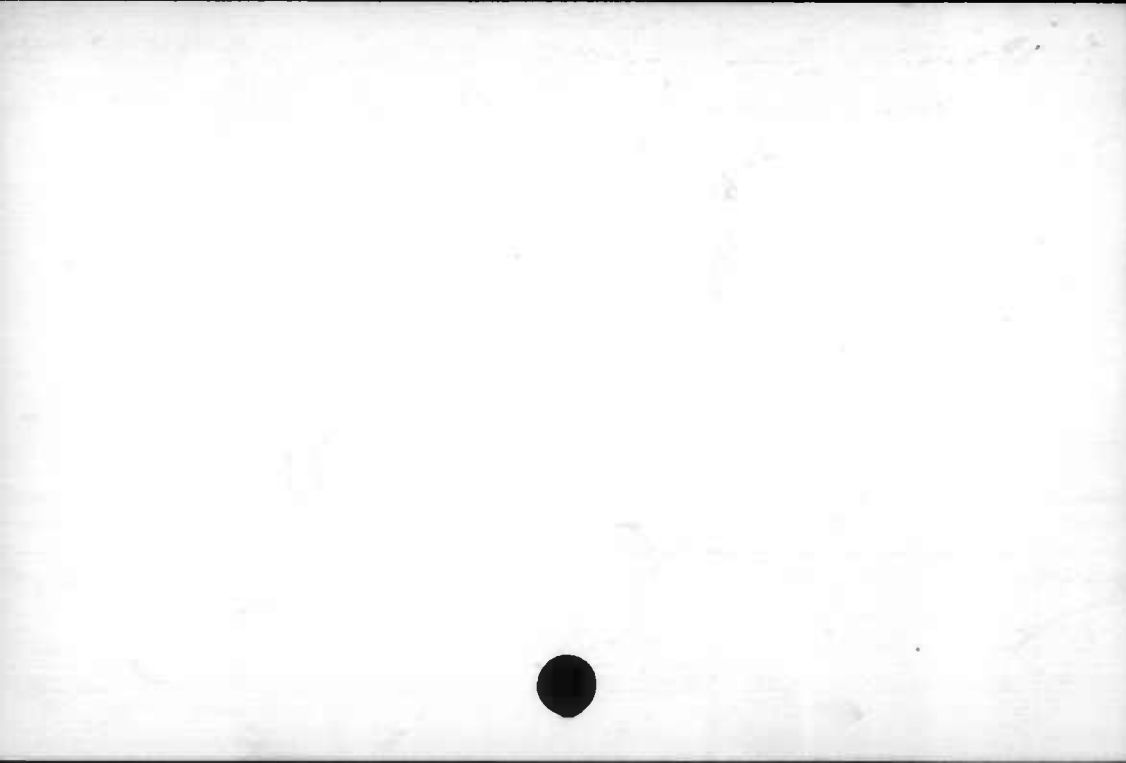
yes

Signature of Physician

Address

C. R. Tuitt M.D.
 Salisbury.
 Maryland.

Accident or Suicide



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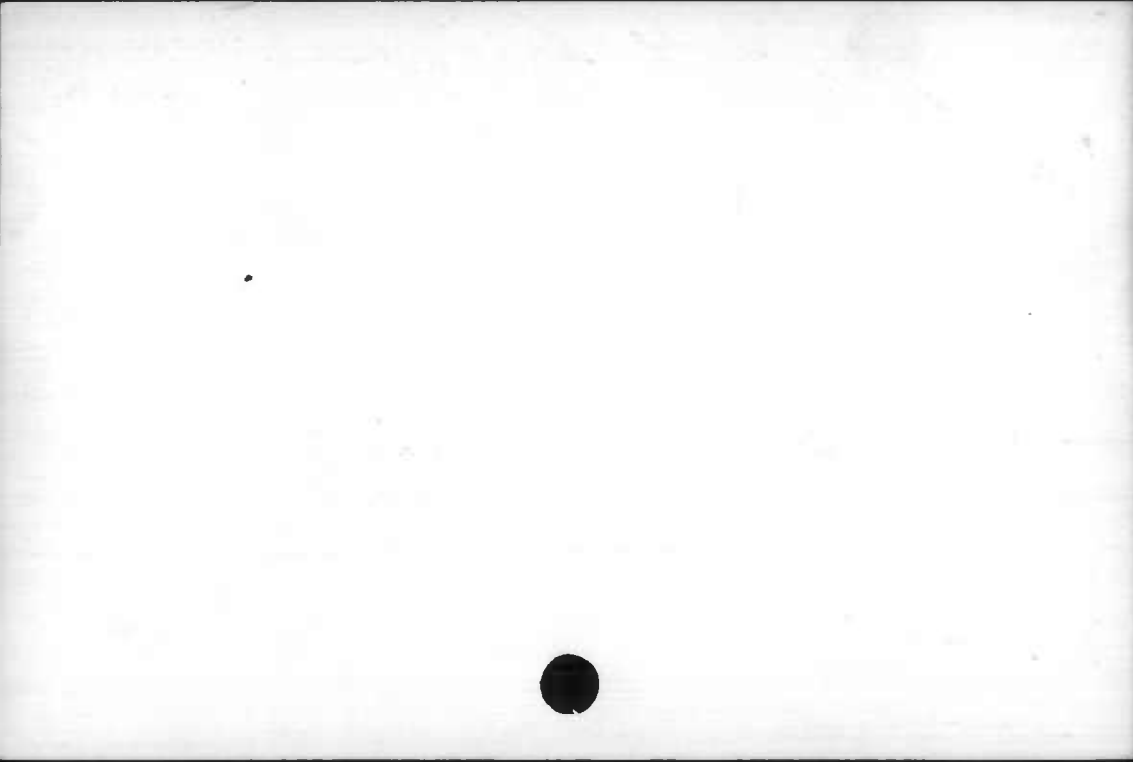
Name in Full <i>Grace M. Jones</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND							
Died at <i>Salisbury</i>		Month <i>Feb</i>		Day <i>20</i>		Years <i>1</i>		Months <i>4</i>		Days <i>14</i>			
Date of death 190 <i>0</i>		Month <i>Feb</i>		Day <i>20</i>		Age <i>1</i>		Years <i>1</i>		Months <i>4</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Salisbury Md</i>									
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Salisbury Md</i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>None</i>									
Father's Name <i>Robert W. Jones</i>				Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Hester J. Conway</i>				Mother's Birthplace <i>Md</i>									
Name of person giving Information <i>Robert W. Jones</i>				How related to deceased <i>Father</i>									

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Congenital Microcephalus</i>		How long <i>16 mos.</i>	
Immediate <i>Convulsions</i>		How long <i>1 month or more</i>	
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>Louis W. Morris M.D.</i>	
<input checked="" type="checkbox"/> Accident or Suicide		Address <i>Salisbury Md.</i>	



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TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ralph G. Lemon</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		- MARYLAND	
Died at		Month <i>Feb</i>		Day <i>17</i>		Age <i>0</i>	
Date of death <i>1909</i>		Months <i>5</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Salisbury</i>					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i>No</i>					
Father's Name <i>Harlie Lemon</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Lulla Waller</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Lulla Lemon</i>		How related to deceased <i>Moth</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. K. Smith</i>
	Address <i>Salisbury MD</i>
Accident or Suicide	



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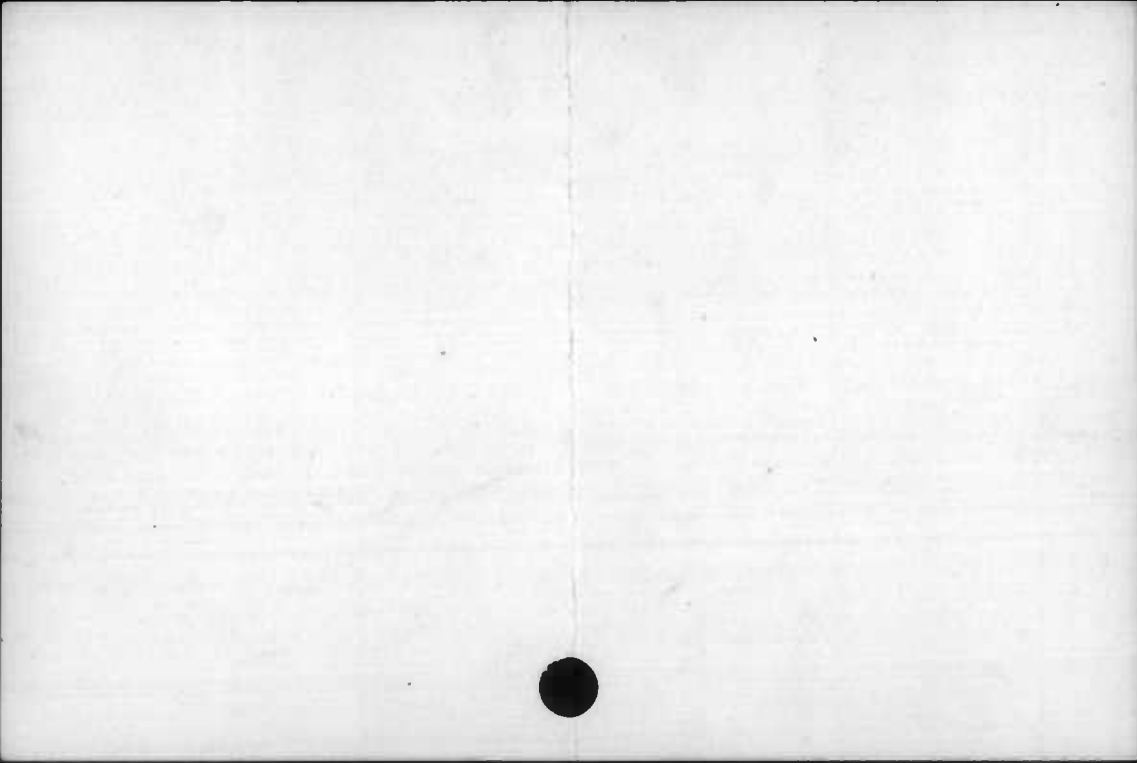
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Carenda H. M. Robin</i>		Town <i>Dumanties</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>2</i>		Day <i>19</i>	
Age		Years <i>5</i>		Months <i>5</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Bridgmont Md.</i>			
Occupation <i>school girl</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Littleton F. B. Robins</i>		Father's Birthplace <i>Col.</i>					
Mother's Maiden Name <i>E. Emma Robins</i>		Mother's Birthplace <i>Col.</i>					
Name of person giving information <i>Littleton Robins</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>5 wks.</i>
Immediate	<i>Artificially</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. B. Lynd</i>	
Address <i>Dumanties Md.</i>			
Accident or Suicide? <i>no</i>			



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CERTIFICATE OF DEATH

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NEAREST FRIEND

Margaret J. Smith

Salisbury ^{town} *Wicomico* ^{County} **MARYLAND**

Died at *Salisbury*

Date of death 190 *9* ^{Month} *Dec* ^{Day} *21* ^{Years} *Age 61* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *Housewife* Where Residing if not at place of death *Del*

Married, Single *Married* or Widowed *Widowed* Name of Wife or Husband *Peter Smith*

Father's Name *Rufus Mitchell* Father's Birthplace *Del*

Mother's Maiden Name *Gliscette Dowers* Mother's Birthplace *Del*

Name of person giving Information *Peter Smith* How related to deceased *Brother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Organic Heart Disease* How long *1/2 hour*

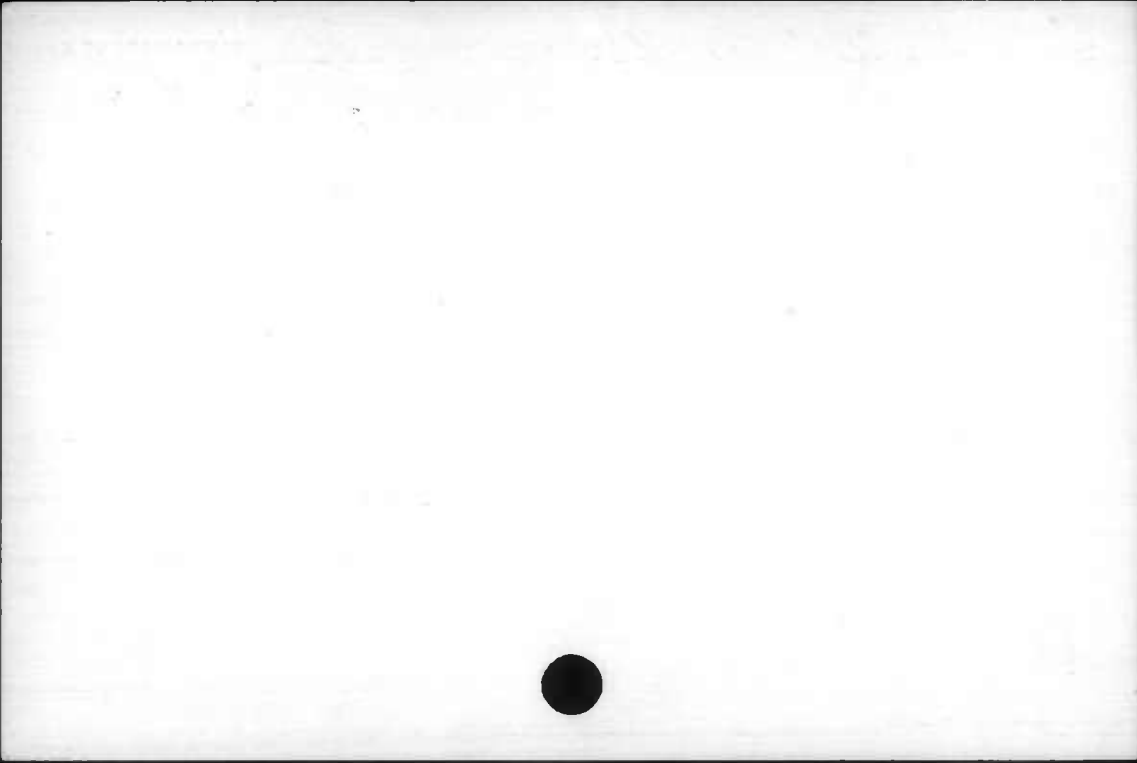
Immediate *Organic Heart Disease* How long *1/2 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. B. Potter*

Address *Salisbury, Md*

Accident or Suicide *2*



Name
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TO BE ANSWERED BY
NEAREST FRIEND

Infant (Not Named) of Geo. Williams

Town Shad Point County Wicomico

Died at Shad Point Wicomico MARYLAND

Date of death 1909 Feb'y. 13th Age 0 Months One Days Seven

Sex Male Color or Race White Birth-place Shad Point

Occupation None Where Residing if not at place of death Shad Point

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name George Williams Father's Birthplace Wicomico Co. Md.

Mother's Maiden Name Irene Fields Mother's Birthplace " " "

Name of person giving Information Charles W. Fields How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Broncho-Pneumonia How long 4 or 5 days

Immediate Apnoea & heart failure How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Louis A. W. W. W. M.D.

Address P. M. D.

Accident or Suicide



Name
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CERTIFICATE OF DEATH

Fernia Acquith Hootten
 Died at Delmar Town St. Michaels County

MARYLAND

Date of death 1909 Month IV Day 12 Age 10 Years Months Days

Sex Female Color or Race White Birth-place Delmar

Occupation infant Where Residing if not at place of death Delmar

Married, Single or Widowed infant Name of Wife or Husband infant

Father's Name E. St. Hootten Father's Birthplace Dela

Mother's Maiden Name M. E. Truitt Mother's Birthplace ma

Name of person giving information E. St. Hootten How related to deceased Father

CAUSES OF DEATH

93

Primary Pneumonia How long 17 days

Immediate Heart weakness How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James B. Broughman

Address Delmar Delaware

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

